

2022 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Policies

EXPANDED INCOME ELIGIBILITY FOR HEALTH INSURANCE

What is Medicaid expansion and why is it important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the [Prenatal-to-3 Policy Clearinghouse](#) for an ongoing inventory of rigorous evidence reviews, including more information on Medicaid expansion.

What impact does Medicaid expansion have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of Medicaid expansion for the health and wellbeing of young children and their families:

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What progress have states made in the last year to adopt and fully implement Medicaid expansion? How do states compare to one another in making progress toward full and equitable implementation of the Medicaid Expansion under the ACA?

To assess progress in adopting and fully implementing the Medicaid expansion under federal Patient Protection and Affordable Care Act, also known as the ACA, we have developed a ranking methodology that gives states credit for:

- Expanding eligibility for Medicaid, as defined in the ACA, as well as to additional populations; and
- Executive, legislative, and regulatory action resulting in the adoption and/or implementation of Medicaid expansion.

These state actions are assigned a ranking on a scale of 0 to 6, according to the schema on the next page.

Progress assessment methodology: Has a state adopted and fully implemented the Medicaid expansion under the ACA?

Progress		Detail
Yes	6	Yes, and the state expanded Medicaid eligibility to additional populations (e.g., extending benefits regardless of immigration status and/or to higher income eligibility thresholds than defined in the ACA).
	5	Yes, the state adopted and implemented the Medicaid expansion as defined in the ACA.
No	4	No, the state has adopted Medicaid expansion but has not fully implemented the law.
	3	(Intentionally blank)
	2	No, the state has not adopted Medicaid expansion.
	1	No, and the state has limited the approaches available to adopt Medicaid expansion (e.g., requiring action by the legislature, rather than approval by the governor or voters alone).

A state's current Medicaid policies were confirmed by analyzing Medicaid state plan amendments (SPAs), Section 1115 waivers, and state statutes. The sources referenced to assess progress towards adopting and fully implementing Medicaid expansion in each individual state are listed below. In descriptions of individual state action, consideration was also given to the process to expand Medicaid eligibility, i.e., if there are sunset provisions, additional requirements which could limit implementation, such as restrictions on who may expand Medicaid eligibility.

We performed an electronic search using Quorum State between August 16, 2021 September 21, 2022 to assess legislative progress pertaining to Medicaid expansion. The main search strategy used combinations of keywords related to adopting Medicaid expansion (expansion WITHIN 10 of Medicaid OR Medicaid coverage OR Medicaid eligibility OR Medicaid expansion OR Medicaid WITHIN 20 OF work OR Medical assistance eligibility OR Patient Protection and Affordable Care Act). Research staff conducted searches, analyzed results for relevant state legislation, and summarized the progress states made toward adopting and fully implementing Medicaid expansion.

This section also contains the sources for the information presented in the individual state Roadmaps, as well as references for state efforts to extend Medicaid postpartum coverage to 12 months.

Sources:

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How do the states vary in eligibility and access to health insurance?

Data were collected for 4 different measures to assess how states vary in their Medicaid eligibility policies. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Medicaid income eligibility for childless adults as a % of FPL

Definition:

The state's income eligibility limit as a percent of the Federal Poverty Level (FPL) for a childless adult to receive coverage through Medicaid

Notes:

1. Data are as of January 1, 2022 and are based on a national survey conducted by the KFF Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families: Brooks, T., Gardner, A., Osorio, A., Tolbert, J., Corallo, B., Ammula, M., & Moreno, S. (2022). *Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey*. KFF. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/>. Notes are pulled and edited from KFF documentation.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL). Eligibility levels are reported as percentage of the 2022 FPL for an individual (\$13,590).
3. In Alaska, the dollar threshold is generally updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents.
4. In Illinois, traditional 1931 Medicaid coverage is based on a dollar threshold tied to TANF levels. Parents are also covered up to 133% FPL based on prior waiver eligibility and are not considered Section VIII expansion adults.
5. In Massachusetts, the state's Section 1115 waiver authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL and for adults with disabilities with no income limit, provided that they have either met a one-time deductible or are working disabled adults.
6. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
7. Missouri and Oklahoma implemented the Affordable Care Act Medicaid expansion for adults in July 2021
8. In Oklahoma, individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
9. In Texas, the income limit for parents and other caretaker relatives is based on monthly dollar amounts which differ depending on family size and whether there is one or two parents in the family. The eligibility level shown is for a single parent household and a family size of three.
10. In Virginia, eligibility levels for 1931 parents vary by region. The value shown is the eligibility level for region 2, the most populous region.
11. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

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Measure 2: Medicaid income eligibility for parents (in a family of three) as a % of FPL

Definition:

The state's income eligibility limit for parents (in a family of three) as a percent of the FPL to receive coverage through Medicaid

Notes:

1. Data are as of January 1, 2022 and are based on a national survey conducted by the KFF Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families: Brooks, T., Gardner, A., Osorio, A., Tolbert, J., Corallo, B., Ammula, M., & Moreno, S. (2022). *Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey*. KFF. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/>. Notes are pulled and edited from KFF documentation.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL). Eligibility levels are reported as percentage of the 2022 FPL for a family of three (\$23,030).
3. In Alaska, the dollar threshold is generally updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents.
4. In Illinois, traditional 1931 Medicaid coverage is based on a dollar threshold tied to TANF levels. Parents are also covered up to 133% FPL based on prior waiver eligibility and are not considered Section VIII expansion adults.
5. In Massachusetts, the state's Section 1115 waiver authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL and for adults with disabilities with no income limit, provided that they have either met a one-time deductible or are working disabled adults.
6. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
7. Missouri and Oklahoma implemented the Affordable Care Act Medicaid expansion for adults in July 2021
8. In Oklahoma, individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
9. In Texas, the income limit for parents and other caretaker relatives is based on monthly dollar amounts which differ depending on family size and whether there is one or two parents in the family. The eligibility level shown is for a single parent household and a family size of three.
9. In Virginia, eligibility levels for 1931 parents vary by region. The value shown is the eligibility level for region 2, the most populous region.
11. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

Sources:

1. KFF. (2022, March 16). *Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level*. KFF State Health Facts. <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/>

Measure 3: Medicaid income eligibility for pregnant women as a percentage of the federal poverty level

Definition:

The income eligibility limit, as a percentage of the federal poverty level, for a pregnant woman to receive Medicaid coverage in this state.

Notes:

1. Data are as of January 1, 2022 and are based on a national survey conducted by the KFF Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families: Brooks, T., Gardner, A., Osorio, A., Tolbert, J., Corallo, B., Ammula, M., & Moreno, S. (2022). *Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey*. KFF. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/>. Notes are pulled and edited from KFF documentation.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL). Eligibility levels are reported as percentage of the 2022 FPL for a family of three (\$23,030).
3. Iowa has a state-funded family planning program for individuals with incomes up to 300% FPL who lose Medicaid at the end of the postpartum period.
4. Michigan provides coverage to pregnant individuals with incomes up to 400% FPL affected by the Flint water crisis.
5. Oklahoma offers a premium assistance program through its Insure Oklahoma program to pregnant individuals with incomes up to 205% FPL who have access to employer sponsored insurance.
6. In New Mexico, family planning coverage is limited to individuals age 50 and under without health insurance.

Source:

1. KFF. (2022, March 16). *Medicaid Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level*. KFF State Health Facts. <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/>

Measure 4: Percentage of low-income adult women of childbearing age who report they do not have any health insurance coverage

Definition:

The percentage of low-income (<138% of the federal poverty level) adult women of childbearing age (19 to 44) who report they do not have any health insurance coverage.

Notes:

1. **Numerator:** The number of low-income (<138% of the FPL) adult women of childbearing age (19 to 44) who reported not having health insurance coverage during the prior calendar year.
 - a. In previous Roadmaps, this was reported using a definition of low-income as “<=138% of the FPL.” The exclusion of those with income at 138% of the FPL this year is an error and will be corrected in future Roadmaps; the error was discovered too late in publishing processes to be corrected in 2022. Compared to figures reported in the 2021 Prenatal-to-3 State Policy Roadmap, which used the same data and correct calculation, this year’s estimates are off by 0.7 percentage points or less and many state estimates remain accurately reported.
2. **Denominator:** The number of adult (age 19 to 44) women of known age and with known poverty status whose poverty threshold is at or below 138% of the federal poverty level (FPL).
3. For this particular measure, the sample was limited to women aged 19 to 44 as women aged 18 or under are eligible for Medicaid coverage.
4. Women living in group quarters were excluded from the sample.
5. The poverty threshold uses the US Census calculation of poverty and is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size and composition.¹
6. All estimates were calculated in Stata 17 using both ACS person-level weights, to provide national and state representative estimates, and replicate weights to appropriately adjust standard errors to account for any sampling bias. The US Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of estimates using ACS data.² Given the age and poverty limits imposed on the sample (women age 19-44 with incomes less than or equal to 138% FPL) and the calculation estimates by state, incorporating both population and sampling weights helps to account for exogenous sources of variance and improve the accuracy of estimates. Three states (North Dakota, South Dakota, and Wyoming) had estimates with confidence interval widths that were larger than the recommended 10% margin of error, with over criteria confidence intervals ranging from 11.3% to 14.4%.
7. The Census Bureau warned of quality issues with the 2020 American Community Survey (ACS) data due to the pandemic's impact on data collection. Nonresponse bias in the 2020 sample made "it appear that the U.S. population had higher levels of education, had more married couples and fewer never married individuals, had less Medicaid coverage, had higher median household incomes, had fewer noncitizens, and were more likely to live in single-family housing units" (p. 37). Due to the potential impact of these quality issues on the population we study, we opted to continue using the 2019 ACS data for the 2022 Roadmap.³

¹ US Census Bureau (n.d.). *How the Census Bureau measures poverty*. As of August 27, 2019. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

² Appendix 3 “Measures of Sampling Error” in US Census Bureau (2008). *A compass for understanding and using American Community Survey data: What general data users need to know*. US Government Printing Office, Washington, DC.

³ Asiala, M., Baumgardner, S., Galvin, S., Mykyta, L., Raglin, D., Renwich, T., Shin, H., Spader, J., Spence, M. & Stern, S. (2021, October 27). *An assessment of the COVID-19 pandemic's impact on the 2020 ACS 1-Year data*. The Census Bureau. Retrieved on October 10, 2022, from https://www.census.gov/library/working-papers/2021/acs/2021_CensusBureau_01.html.

Source:

US Census Bureau. (2020). *2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/acs/microdata.html>